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ABSTRACT

The booklet contains an interview with Dr. Lendon H. Smith and bibliographies on child abuse, sexual abuse, and audiovisual aids. Presented in question and answer format, the interview covers such topics as signs of abuse seen by the pediatrician, children at risk for abuse (such as the hyperactive child), and the role of teachers and counselors in reporting abuse. Entries on child abuse and sexual abuse are listed alphabetically by author and include information on source, publisher, publication date, and pagination. Information on audiovisual aids usually includes a brief description of media, length and type of media, distributor's address, and purchase and rental costs. (SBH)

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Child Abuse and Neglect: A Major Childhood Disease

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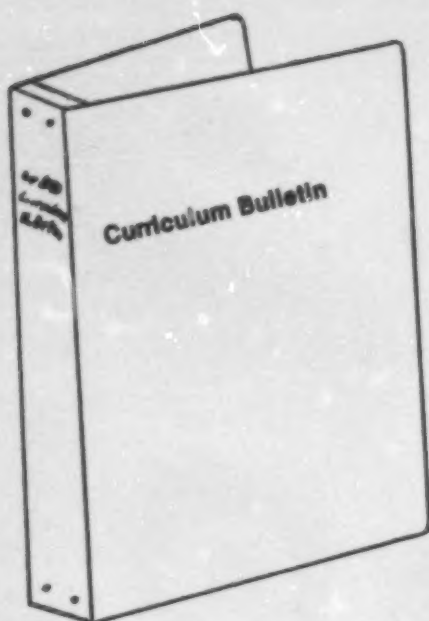
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Abuse and Neglect: a Major Childhood Disease

Jerome E. Leavitt and Lendon H. Smith, M.D., and Lisa McQuone

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AN INTERVIEW

Jerome Leavitt: Everyone in the country is represented in the legal and political system except our children. They do not vote, and in most cases are denied the same processes of law available to adults. In addition, very seldom do any major or powerful persons or groups speak for them. Thus children are victims. Violence and neglect of children have become major childhood diseases, spreading to an epidemic level in the United States.

A person very much concerned about children, Dr. Lendon H. Smith, is known throughout the United States as "The Children's Doctor" because of his ABC television program. He is the author of numerous books and articles including *The Children's Doctor* and *The Encyclopedia of Baby and Child Care*.

Dr. Smith, we're glad to hear you, as a pediatrician, discuss with us one of the fastest developing and most unfortunate problems that we face today, the various kinds of violence against children. As a pediatrician you have probably become quite concerned about the various kinds of violence against children. This is of concern to citizens and teachers alike as we are confronted with this problem.

Q. What do you see as the major acts of violence against young children, and do you see this problem as one that is escalating or not?

A. It's certainly escalating. I have a practice now as a consultant, therefore I'm not seeing a lot of it. I think doctors who are working in the emergency rooms would see more of it, for it's a little unusual for a

parent to bring his or her child in to us and say, "This child has been battered, what do we do now?" Because they usually, if the child has been hurt severely, will go to the hospital emergency room. I'm sure I've missed a lot of it because the doctor is certainly reluctant to suspect his patient's parents whom he has known over the years. This is typical of the health profession; they just can't believe that a patient who would come to them for help would actually be hurting the child, a supposed loved one they are taking care of. I think we've tended to overlook child abuse in the past.

It's only because of the work of Dr. Kempe and others that we've become at last aware that something has happened when there's a bruise or injury that doesn't appear to fit the reason given for the injury. Then we become suspicious even though we have known the patient for some time. Most of these people are not regular patients of ours; regular patients of ours have supportive systems at home, have relatives, churches, they have schools, and neighbors. The people that are more likely to batter the children are loners. They have no other help, they have no recourse, they have no way to cry out, or to seek some help.

So it's a double problem, one that we don't see enough of to be suspicious of all the time. Number two, we are reluctant to believe it when the facts are facing us and it's quite obvious that they are there; until recently we haven't known what to do about it. We thought that maybe it was some sort of fluke and that this situation would clear spontaneously. But statistics indicate if a child is battered once he is more likely to be battered again.

It's a problem increasing at an alarming rate and we're getting to diagnose it much more readily. But it's a relatively new thing in our practice of medical health, and we are uncomfortable with it. I just feel very disturbed that I've probably missed a lot of cases that I could have helped before.

Q. As you look back are there any signs that you as a pediatrician now see as red flags going up where you might at least suspect that this was a battering case?

A. Bruises over the back area would be one of the most common ones, maybe not so much on the buttocks but the bruises on the back itself — and they said the child fell down the steps. You can not imagine that that would happen. A broken rib from falling out of bed, so it was said; but children fall out of bed and they don't break their ribs. Somebody got hurt because he fell down, or there was a broken bone and within a month or two there was another broken bone.

There's something wrong; children don't get hurt that much. Usually children are very careful and especially those children. We see many hyperactive children who we think are the ones that are most likely to get battered because they are real pests; and they are usually very adroit children. They would be less likely to hurt themselves, although many of them go too far. Even the children who are maladroit, the children who are afraid of sports and athletics, they are so careful that they rarely get themselves into dangerous situations.

The child more likely to be battered, however, is the hyperactive child who talks too much, is out of his bed at night, is a trouble maker at school — he's a pest; he's more likely to be stomped on or hit, or somebody is going to teach him a lesson, or "open your mouth one more time, kid, and I'm going to burn you with this cigarette."

We also know of course that there's some relationship with the type of discipline an adult had when he or she was a child which is transmitted over to his or her own children.

I'm putting together this concept that the battering situation is multi-factorial. I'm really impressed that there aren't more battered children from the stories that people tell me about the evil behavior of their children. Many children just sort of ask for it and keep

doing some irritating, mischievous sort of thing, pounding on the wall: *ding, ding, ding* — "stop that please, John" — *ding, ding, ding* — singing, banging, dropping, kicking, kicking the feet — "don't do that anymore, don't do that — please don't do that anymore, Mother has a headache — DON'T DO THAT ANYMORE!" Finally some action is taken, some physical pounding on the child. And the very next day he does this activity again; he doesn't seem to learn. When I put this together it just has to mean that these children who persevere, who are pests, who do things to irritate their parents, who don't seem to learn, have an inability to perceive what is going on in their environment.

Q. Why do you think some children, and their parents as well, can not learn from experience?

A. To me that means that there's some poor nourishment, some lack of ability to store memory, some inability to get the concept that to be a nice person, to be a human being, you compromise with your own desires in what you want to do and you go along with the rules of the family. These children don't seem to get it, and that typifies the hyperactive child. What I would like to see are some really good statistics about the child that's more likely to be battered, to see if it is the child who is hyperactive.

The hyperactive children I've seen that are more likely to be pests are the blue- or green-eyed ones, the blonds or redheads. . . also the children who are into a carbohydrate diet, because I'm convinced that these children are more likely to be pesty if they are eating sugar and carbohydrates, white flour and junk cereal. Their blood sugar is bouncing up and down, and what parents usually see is a Jekyll and Hyde. Good days alternate with bad days. "Wow, this kid is terrific!" But the very next day or in a few hours he is just gone: he's mean, slamming doors, jumping out the window, flushing toys down the toilet, and fighting when restrained.

"He knows better," the parents say, "and why he did that I don't know, so I figured I had to punish him for it," and the parent overreacts in the punishment.

Remember, the parents of these children who overreact to sugar and who are sensitive have the same genetic background and may be eating the same food,

so we can imagine that maybe parent and child would have a falling blood sugar at exactly the same time. Four to five o'clock in the afternoon and maybe from nine o'clock at night till midnight or even after are typical times. If both these people, the batterer and the batteree are suffering from low blood sugar simultaneously, they are animals. Some people, when the blood sugar falls, go to sleep or they cry and get depressed or just sit and stare into space but others are wild, active or mean. I would like some effort made, if it's possible, to do a five hour glucose tolerance test on these people, both parent and child, to check the incidence. The timing of these episodes is important, to see if it's related to what they have eaten in the previous two to six hours. There is some connection between children battered at night and what they ate before bed time — like ice cream, cake, or pie, or carbohydrate. Some children are battered every day; some only on certain days. Why does a certain combination of things have to happen that day? I don't think we have to look for psychiatric or sociological reasons although they are obviously a factor.

But in the acute episode, the person who feels, "I'm going to kill this kid if something isn't done," (people who have hot lines know this happens) must have immediate help. If we could just talk somebody down from that high, or if it's a blood-sugar low, at least he's communicating with somebody. Communication with another human being seems to be so essential, to catch that kernel of sanity up in the brain. Then things would be a little more smooth. Even these hot lines could be instructed to tell people, "For heaven's sake, get out a jar of peanut butter, eat some cheese or meat or fish or nuts then wait a half an hour and see how you feel about battering the child — give these same foods to the child at the same time."

Q. Now this child you are talking about we might call the older battered child, maybe kids about six up to twelve years old.

A. Yes. But the ones that I feel really drive the parents wild are the two to four year olds, the non-compliant child who won't be toilet trained, who keeps messing in his diapers, who won't go to bed at night, who won't eat, and of course if he doesn't eat, his blood sugar is even lower and then he feels so punk that he won't eat and then he gets more irritable and he starts whining. The two to three year old whines all

the time, but I've seen, of course, cases where a small baby was battered, a completely undefensive little child who was crying maybe from colic or gas.

Psychologists tell us that many parents who batter their children, do it because the parents expect too much of the child. The child was supposed to somehow bring the family together and to give his parents someone to love; maybe this is one of the reasons they had this child. And here's this child crying and unable to accept love. Or sometimes the closer the parent gets to the child the more the child withdraws, because the child, again, is a hyperactive, touchy, goosey, sensitive, or ticklish little baby who becomes frantic when somebody gets too close to him. He's backing off, getting at arm's length because he feels trapped. The parent reacts, "Oh, you're no fun," and changes the diapers a little roughly, or grabs the child by the leg when pinning the diaper and can even snap a bone without realizing it. "Gee, I wasn't that mean to the child, but he asked for it, he asked for it; he wouldn't let me cuddle him."

Here again I think the parents who are touchy, who maybe have a bad self-image, who perhaps were battered because they were hyperactive when they were children and have grown up to feel that this is a way of life, feel that it's O.K. to batter their own children.

It can happen right from birth on, but battering occurs in different ways. Usually small babies are thrown across the room; often they are put in hot scalding water; I know of parents who burned the children with cigarettes putting their initials in their backs, some very strange things. As the children get older they are hit with lamp cords, or pieces of wood or even shoes, perhaps with fists. It's a job for teachers too, when they see a bruise to investigate this, because we know if children are allowed to stay in homes where they are being battered the statistics on permanent injury and death are pretty awful. I've understood that if a child is battered severely and goes back to the same home and if the parents have not received help, many of those children are dead in six months. It's really mandatory that doctors, teachers and neighbors report child abuse.

Q. If parents and members of the home are the chief offenders, and apparently statistics indicate they are, of violence against children, what can the average

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citizen or teacher do to come to the aid of these children?

A. I have the feeling that psychiatric social work and psychiatric intervention is fine but it doesn't go far enough fast enough. I'm really of the opinion that many of these people are disturbed in their metabolic chemical balance and though this may only account for 10% of their trouble, it might be just the 10% to trigger the problem. On the other hand, it might be as much as 90% and if these people felt better, if they didn't have headaches, if they didn't feel so rotten all the time, then they could show a little love for the child instead of screaming and saying, sit down, shut up, go to bed — stop doing this, stop doing that. There is a continuum of "care" from the child that's murdered by the parent, all the way to the child that just gets no attention at all.

Sometimes a child can handle physical abuse, but parental insensitivity and turning the back and giving no reward, ignoring the child, depriving the child emotionally as well as withholding food and shelter might even do more damage because it's such a subtle sort of abuse.

This psychological abuse can in many cases be feared much more than the physical. The child who knows he's going to be battered knows that it may be illogical but he gets shelter, and when the parents have a moment of sanity they say, "You're a nice kid." He may be able to tolerate that because he knows what to expect.

Q. If you want educators to assist in such detection, how can teachers, nurses, and principals protect such children who have been battered and abused or sexually molested? How can they help? Are there some practical ways for them to use so that they can really do something?

A. Obviously the state has to legislate protection for these people who report children in difficulty. Anybody who reports a battering or suspected battering situation must be immune from prosecution and must feel free to act. We really are our brothers' keepers and we're trying to do a job for somebody else whom we suspect may be in some trouble, and there shouldn't be any problem if we've made a mistake. I think that's number one.

Professionals, especially teachers and counselors should be aware that children will cover this up, not just for the threat of the parent's "If you tell anybody I'll kill you," but because children are often protective of their own parents even for battering them. That's their home and nobody can invade, so the children who you would think would just flock to a teacher or any kind of a friendly guide or counselor and say, "They're beating me up, please help me," don't do it that way. It's a mistake for us to wait for them to say that. Children often wear long clothing to cover up the bruises that they're getting, the twisting that breaks the skin, the obvious finger marks, and the cigarette burns and bruises on the back. Although parents who batter their children are pretty good about not hitting them in the face, when they do the children have some tale that they walked into the door, or a tree, or somebody hit them with a baseball bat, or they were just playing a game. Teachers have to be suspicious of all this, especially if there's repeated bruising on a child who is not maladroit or really is not the type of child that is hurting himself or getting into accidents.

Teachers have to report it. They cannot sit down and talk to a child and expect the child to be truthful, because they won't get that sort of an answer. They have to report to the school nurse or principal, and the school nurse or principal has to make sure that a report is made to the local law enforcement agency.

I think also, though I'm not sure about this, that battering-prone parents would be less likely to join the PTA or come to the school for conferences; they might be loners, maybe be embarrassed because they might be put down academically if they came to school inquiring after their child. I don't think battering parents necessarily are very good about joining things. I would be suspicious of the parents if the teachers had never seen them in a conference. I think the teacher has to be aware that battering really does happen and the teacher is probably the one who is most likely to see it.

Q. A little while ago we spoke of psychological abuse. Is there any way that psychological abuse can be detected and, if so, what can really be done to help these children? Everybody is talking about physical abuse, which of course is a serious problem, but what about the psychological abuse which we're really just now starting to think about?

A. I would think that it might be difficult to recognize because it's subtle and can often go on for long periods of time before anybody detects it; it might be more damaging to a child's personality and his maturity than even certain forms of physical abuse. I think a teacher would be in a better position to handle this, at least detect it, because in the school situation for almost every child there's some stress. Obviously we know about the hyperactive child who would fall apart under a situation of just too many children in a classroom, or being overgraded or undergraded. The teacher should be suspicious of the child who has full academic ability and is not working up to it and the child is not hyperactive; yet she can see the child sitting there, maybe appearing depressed and anxious, not relating well to other children in the classroom. There's something wrong with that child. Children are natural joiners and they want acceptance from their peer group. If a child is having a psychological problem, has no home support, no love being shown, no affection, the home is about to break up, these are stresses on that child. That child cannot possibly do the work because his brain is so busy with the home concerns that he cannot function academically. It behooves the teachers to at least refer this child for counseling of some sort.

Now, in a situation like this I would think that children might be more willing to share their concerns, their problems with a friendly counselor or teacher than they would in a battering situation where they are running scared about what might happen. So I think that the school might be in better shape to initiate and follow through with some sort of intervention. However, these are the families who feel their way of handling things is all right: "Just leave us alone, we'll take care of this." Maybe the rewards might be rather long in coming. The teacher would find that any sort of comfort, love and attention that he would show to the child might be just the thread that keeps this child hanging on to some sort of sanity. The child can say, "O.K., somebody loves me."

I see this in some of my own patients. Some disturbance is going on at home. The children that I befriend or even call back on the phone and ask, "How are you getting along?" may survive. Years later they come back and say that little phone call every once in a while made a difference. Teachers ought to know

how important they are in holding pupils' psyches together. Everybody needs this sort of thing, pats and love and somebody telling us we're O.K. If they don't get it at school, and they're not getting it at home, where are they going to get it? Somebody's got to do this for them.

Q. Some researchers believe that parents who themselves were battered tend to batter their children on a much greater scale than parents who were not battered as children. Is there any way you can think of that might help to break this cycle, because now we are going into repeated generations of battered children on a large scale. Now I know, of course, that reporting systems and identification systems have improved, so of course we are recognizing a higher percentage, but even so it would appear, at least on the surface, that we are going from one generation of battered children to another.

A. We're called a violent society and I think the prophecy is being proven. We are labelled that way and we've become that way. Maybe we should stop labeling people. However, I think people have to find alternatives to physical punishment — it can only be destructive. Some discipline — standing in the corner, being restricted to one's room is satisfactory. But there are certain people that aren't very good with their speech, they never have been, never will be, and their approach to problems is the direct frontal attack with violence. Whether they saw or felt it in their own childhood at home, that's the way they handle things. If I could get some hard statistics about the relationship of the incidence of battering to the timing of the battering related to low blood sugar we might come up with some clues. We know that hypoglycemia (low blood sugar) does run in families and these same parents would have children who might grow up to have reactive hypoglycemia.

I certainly see it related to alcohol ingestion. It seems quite obvious that some people who have a few beers become animals, banging people around, friends, wives, or their children. No doubt about it: the alcohol stimulates insulin production thus reducing their blood sugar, and they become animals. We've got an animal brain inside of us and if the human element of the brain goes, what's left is the animal brain; we act like a bear after hibernation. Once he comes out of hibernation his blood sugar is low, he is burning up

fat, he must have a headache and is probably feeling terrible. He gets some honey right away (doesn't care about the bees). He then gets some berries after he feels better and then he catches a salmon. Then he's O.K. He plays in the grass, frolics and sports around, but he's got to have that salmon first.

We find that a certain personality type in combination with certain sociological factors, some environmental forces plus certain child-rearing experiences, when activated by low blood sugar will become a batterer. Those things working together with the trigger mechanism of low blood sugar might be an explanation in many cases. At least it's a research project that I think would be very worthy of following.

Q. Some people have suggested that the best way to keep this problem from escalating is to teach children throughout their school years to become better parents — in other words, how to parent. As a pediatrician, what do you recommend that the schools do to help teaching parenting, if you feel that this is important?

A. No doubt about it. I think both boys and girls in the junior high school level should have this kind of education. A number of school districts have worked out programs in which they have the junior high students work with preschool children, maybe the younger brothers and sisters of the youths who are in the school. They work with them for a couple of hours a day and are assigned on a one to one basis or in group situations with the students. They take care of them all the way, feeding them and changing them, trying to get them to lie down for a nap, and going through all the sort of trauma that any normal parent would have.

They're also supposed to analyze their feelings about an individual child, whether they liked him or didn't like him and why, how did they improve their relationship, did they give the child a good self-image, did they give the child two nice strokes for every time they had to discipline the child. This kind of experience serves a practical purpose. One can talk

and talk, but one has to be in a situation before one can learn or realize what it really means to one. I think this kind of program is helping children understand that "Well, having a child is a big job, it's a responsibility and I'll think about it twice before I get involved."

I think that a parent education course should be mandatory for everybody — after all, the whole basic idea of our being on this earth is to take care of one another. Even if one says, "I'm not going to be a Mother" (or Father), one should take this course to learn about human relationships. One has to experience it before one can understand it. That would be the most important thing I think that would happen as a result of a parent education course. If only we can get people to understand that how we respond to situations depends on how we feel and what we were like when we were children. Even though schools teach an intellectual understanding, which is important, they should at least provide students some emotional insights. We've really got to teach children and adults how to live with one another. I think that it's a healthy start that people are understanding this now. I notice, for instance, in career education classes children are going to see the *doctor* instead of the medical profession, they're going to see the *baker* instead of the bakery, they're seeing how people live and interact with one another. It's much healthier. I'm very satisfied about the direction things are going, thanks to new and interesting concepts from educators.

Thank you, Dr. Smith, for your ideas. I think you've introduced something quite new in your discussion here on the battered and abused child, and that is the possible relationship of diet, particularly low blood sugar, as it might affect both the batterer and the batteree. And, of course, like my fellow educators I am very much interested in your remarks on preventive medicine as it were, through the use of parenting education to help break the cycle of poor parenting before more children fall victims.

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*These articles can be secured from the Central California Child Abuse Project, Region IX, School of Education, California State University, Fresno, CA 93740, at 5¢ per page.

BIBLIOGRAPHY OF AUDIO-VISUAL AIDS

Lisa McQuone and Jerome E. Leavitt

Films

***War of the Eggs**

A young lawyer and his wife pace restlessly in a hospital waiting room as their two year old son, critically injured from a fall, undergoes emergency surgery. Both claim it was an accident. A hospital psychiatrist, seeking to determine the cause of the fall, is dubious. He says X-rays reveal the child has a chronic history of such injuries. Under his gentle probing, the truth emerges. At breakfast, they quarreled bitterly. As a result, the child started to cry. Enraged, she pushed him down a flight of stairs. Admitting this, they expose their real problem: self-hatred. Slowly, painfully, they open up to each other, take responsibility for what they have done, and face the fact that they need help. A sensitive exploration of the child-battering syndrome.

(27 min., 16 mm, color or B/W)

Paulist Productions
P.O. Box 1057
Pacific Palisades, CA 90272
(213) 454-0688

Purchase:	Rental:
\$325.00 (color)	\$18.95 (color)
\$160.00 (B/W)	\$12.95 (B/W)

***Don't Give Up On Me**

Produced for the Metropolitan Area Protective Services, and the Illinois Department of Children and Family Services for use in caseworker awareness training, the program uses real people in real situations to probe the reasons behind the child abuse pattern. Included are recreated scenes from a case history and scenes from actual counseling workshops. In addition to its primary audience, the program is designed for mental health agencies, social work oriented college curricula, health care centers, law enforcement agencies, libraries, civic groups, and the concerned public.

(28 min., 16mm, color)

Motoral Program, Inc.
4825 N. Scott St., Suite 26
Schiller Park, Illinois 60176
(312) 671-1565

Purchase:	Rental:
\$375.00	\$35.00

***Mother-infant Interaction**

Series of taped delivery room interactions, depicting the very first encounter between mother and child. This will demonstrate one technique for the early identification of not only normal behavior, but that which may indicate potential problems with mother-child interaction.

(35 min., 16mm, B/W)

Mike Williams Associates
P.O. Box 564
Manhattan Beach, CA 90266
(213) 545-3512

Purchase:	Rental:
\$80.00	\$10.00/wk

***Fragile: Handle With Care (narrated by Bill Cosby)**

This film has been dedicated to children all over the world. It depicts the battering parent, the results of child abuse, and the help society can offer, by focusing in on three families. The situations you will see are all re-enactments of authentic case histories.

(26 min., 16mm, color)

Independent Order of Foresters
100 Border Avenue, Suite B
Solana Beach, CA 93075
(714) 755-5158

Purchase:	Rental:
\$125.00	No rental fee, contact local Order of Foresters

*Cipher in the Show

The true story of a little boy no one thought was important until his sudden death one snowy morning. A film to motivate concern for the needs of every child.

(24 min., 16mm, color)

Brigham Young University
Media Marketing W-STAD
Provo, Utah 84602
(801) 374-1211, Ext. 3194

Purchase:

\$265.00

Rental:

\$14.00/day for first
day, plus \$2.00 for
each additional day

(This film available for preview without charge for purchase consideration. You pay only return postage and insurance.)

*Child Abuse, Cradle of Violence

Cradle of Violence is about the problem of child abuse, and solutions to the frustrations of parenthood that bring about violence against children. The film gets actual child abusers to explore their problems. The tone of the film is very positive and provides motivation to continue to help with the problem; whether they are professional personnel or concerned citizens. It is a documentary film designed for school, library, church, and community group programs.

(20 min., 16mm, color)

Mitchell Gebhardt Film Company
1380 Bush Street
San Francisco, CA 94109
(415) 673-8062

Purchase:

\$340.00

Rental:

\$40/wk

*From the Inside Out

A discussion panel made up of members of Parents Anonymous at the California Institution for Women talk about inmates' interactions with men, their feelings toward their children, and their difficulty in reaching for help. The film also discusses their relationship to the court (divorce, custody hearings,

and social services). The panel was filmed at the Parents Anonymous Conference held in Long Beach, California, February, 1975.

(40 min., 16mm, B/W) also available in video tape

Urban and Rural Systems Associates
Pier 1½

San Francisco, CA 94111
(415) 398-2041

Purchase:

\$150.00

*The Neglected

A portrayal of families whose children have come under the protection of community authorities as a result of abuse or neglect. It reveals that through the insight of the caseworker, immature or emotionally unstable human beings can be helped to achieve acceptable standards of parenthood. The operation of the child protective services is shown, stressing the role of the supervisor and relationship between supervisors and caseworkers.

(30 min., 16mm, B/W)

International Film Bureau, Inc.
332 South Michigan Avenue
Chicago, Ill. 60604

Purchase:

\$285.00

Rental:

\$25.00

*Incest: The Victim Nobody Believes

The country is only now awakening to something the police have known for years... sexual abuse of children is far more widespread than the statistics indicate. This film examines the extent of the problem, and deals directly with victims' feelings of fear, confusion, isolation, and guilt. Also suitable for community programs.

As the first film to openly discuss the issue of sexual abuse/misuse, "Incest: The Victim Nobody Believes" breaks down this taboo to make the public aware of the extent of the problem and recognize the impact a childhood incestuous experience can have on a victim's entire life.

(20 min., 16mm, color)

John Olinghouse
The J. Gary Mitchell Film Co., Inc.
2000 Bridgeway
Sausalito, CA 94965
(415) 332-5760

Purchase:	Rental:
\$350.00	\$50.00/3 days

(This film available for preview for purchase consideration)

***Parenthood: Training Before Trouble**

This film dramatizes the need for parents to learn basic skills that will make them far more effective as parents. The film is valuable for churches, schools, youth organizations, probation departments and other agencies whose mission is to improve family life.

The film dramatizes typical day-to-day conflicts between parents and children. It shows how these problems can be resolved through an effective democratic problem-solving method which can be quickly learned.

(20 min., 16mm, color)

Teckla Productions, Inc.
Bank of American Building
Suite 760
1430 Truxtun Avenue
Bakersfield, CA 93301
(805) 324-4183

Purchase:	Rental:
\$285.00	\$50/5 days

***Child Abuse and the Police**

This program was produced by the Attorney General's Office for the State of California, in conjunction with grants from the California Council on Criminal Justice and the Law Enforcement Assistance Administration, United States Department of Justice.

The legal principles and procedures related to child abuse and neglect presented in this film have application to all law enforcement agencies throughout the United States. The film covers the law, the investigation of a child abuse call, how to detect

child abuse, and stresses that the investigation should be tactful.

(29 min., 16mm, color)

Aimes Instructional Media Services
Box 1010
Los Angeles, CA 90028
(213) 467-1171

Purchase:	Rental:
\$415.00	\$75.00/wk

Child Abuse: A Perspective on Parent Aides

This film is designed to serve a variety of purposes. It can help potential aides understand what parent aides do and their own suitability as aides; help experienced parent aides reassess their roles; and help communities that are considering a parent aide program. The aides' conversation spans a variety of topics: meeting with a family the first time; teaching a mother or father how to love; setting limits on the feelings with an aide; overcoming discouragement; dealing with the conflict of having to report families if a child is endangered; the necessity of generating mutual support among themselves. The film also gives an insight as to the nature of abusive parents from the perspective of care givers who get to know them far more intimately than most professionals.

(30 min., 16mm, color)

The Educational Television Center
Media Services Organization
MVR Hall
Cornell University
Ithaca, N.Y. 14853
(607) 256-5431

Purchase:	Rental:
\$225.00	\$10.11/3 days

On Being An Effective Parent

The Parent Effectiveness Training (PET) Program, developed by Thomas Gordon, which applies basic counseling skills and human relations techniques to parent-child relationships is demonstrated. PET provides a basis for promoting mutual understanding and communication. In the first reel, Dr. Gordon teaches parents the skill of active listening and how to

accurately communicate their own concerns and needs. Role playing demonstrations of effective and ineffective communication illustrate the concepts, followed by discussion of the dynamics and utility of PET. Reel two presents the no lose method of conflict resolution as parents are taught how to reach solutions which meet the needs of both parent and child, providing parents with constructive alternatives to authoritarianism or permissiveness. Role playing demonstrations illustrate this method.

(16mm, color)

American Personnel and Guidance Association
1607 New Hampshire Ave., N.W.
Washington, D.C. 2009
(202) 463-4633

Purchase:
\$300.00

Rental:
\$30.00/day

Child Abuse: A Total Treatment Perspective

This film portrays a case management team meeting in Syracuse, New York. The presentation is not designed to give all the answers to a community approach to child abuse, but is designed to raise questions about the process of treating child abuse and to explore what other systems may or may not be doing to meet this problem.

(30 min., 16mm, color)

The Educational Television Center
Media Services Organization
MVR Hall
Cornell University
Ithaca, N.Y. 14853
(607) 256-5431

Purchase:
\$225.00

Rental:
\$10.00/3 days

Johnny Lingo

A timeless Polynesian love story that shows how profoundly a child or adult is affected by feelings of self-worth and how others influence these feelings for bad or good. Effective wherever self-worth is important, such as relations between parent and child, wife and husband, teacher and student, employer and

employee, or in school alcohol and drug abuse education.

(24 min., 16mm, color)

Brigham Young University
Media Marketing W-STAD
Provo, Utah 84602
(801) 374-1211, Ext. 3194

Purchase:
\$265.00

Rental:
\$14/day for first day,
plus \$2.00 for each additional day

Help the Parent... Help the Child

This film focuses on the nationally known, successful treatment program of the Children's Trauma Center at the Children's Hospital Medical Center, Oakland, California. A major portion of the film displays unrehearsed conversations in therapy groups for abusive parents — both mothers and fathers — with comments by the Center staff. The film also makes clear the social context of the incidence of child abuse in the United States.

(45 min., 16mm, color) video cassette or video tape available)

Child Abuse Film
c/o Anna Lena Wilson
3738 Army St.
San Francisco, CA 94114
(415) 826-1787

Purchase:
\$450.00

Rental:
\$50.00

Children in Peril (narrated by Marlene Sanders)

This film takes the viewer on a provocative tour of several agencies and hospitals throughout the U.S. where child abuse cases are treated. At Denver General Hospital, Dr. C. Henry Kempe states that child abusers are not much different from ordinary parents or adults. What causes one to step across the line and become a child abuser? The camera scans "therapy groups," revealing the emotions and thoughts of child abusers. Also discussed in this film are the legal implications of child abuse.

(22 min., 16mm, color)

Xerox Films
245 Long Hill Road
Middletown, CN 06457
(203) 347-7251

Purchase:
\$325.00

Rental:
Available from Uni-
versity of Michigan
Film Lib.
(213) 764-5361

Slides and Filmstrips

Battered Child Syndrome

The serious problem of the physical abuse of infants and children is discussed with candor. Graphically portrayed are case studies showing the results of beating, mutilation, burns, neglect, kicks, and repeated pulling and twisting of the extremities of children. Especially helpful to the nurse assigned to pediatrics, emergency care, or in community health, to further the ability to recognize physical and psychological patterns indicative of child abuse.

(20 min., 35mm film strip and cassette, color)

Trainex Corporation
12601 Industry Street
Garden Grove, CA 92641

Purchase:
\$70, \$65 if 5 purchased

(Available for 30 day preview)

*Children in Danger

Deals with child abuse as it concerns teachers and day care workers.

(14 min., slides and cassette, color)

Texas State Department of Welfare
John H. Regan Building
Austin, Texas 75701

Purchase:
\$25.00

*Sometimes I Feel Like A Motherless Child

This slide show is an example of a public information presentation that utilizes a visual

approach to heighten general awareness about the problem of child abuse and what can be done about it. The slides include settings that provoke abuse, examples of abused children, and normal family settings.

(15 min., slide and cassette, color)

Joy Child
P.O. Box 2306
Santa Cruz, CA 95063
(408) 476-6088

Purchase:
\$49.00

*A Simple Child

The reality of abuse occurring in the middle class family is stressed. Feelings leading to abuse are common in all human experience. The "hotline" is presented as a suggested successful intervention modality. Discusses what the parent can do to help himself or herself when recognizing that they have abusive feelings toward their children.

(15 min., slides and cassette, color)

Texas State Department of Welfare
John H. Regan Building
Austin, Texas 75701

Purchase:
\$125.00

*Children in Crisis — Child Abuse and Neglect

Child abuse is defined through an explanation of the types of neglect — physical, medical, educational, moral, and emotional — and their degrees of severity. The viewer is shown that child abuse is a social disease, which can kill, or at the very least affect the later physical and emotional development of its helpless victims.

(5 color filmstrips and cassettes)

Parents Magazine Films, Inc.
52 Vanderbilt Avenue
New York, NY 10017

Purchase:
\$58.00

(Available on approval, no obligation)

***Diagnosis of Child Abuse and Neglect via Physical Findings**

Narrative slide presentation dealing with various physical aspects of child abuse and neglect, including: bruises and welts, burns, central nervous system damage, bone injuries, and failure to thrive.

(20 min., slides and cassette, color)

Mike William Associates
P.O. Box 564
Manhattan Beach, CA 90266
(213) 545-3512

Purchase:
\$28.50

Lift a Finger Program

The "Lift a Finger Program", developed with funds from the U.S. Office of Education, has been designed to train school personnel to identify suspected cases of abuse and neglect and refer such cases according to the Texas Family Code. The complete program, which consists of four separate auto-tutorial packages, provides a systematic school and community approach to the problem of child abuse.

Each package is composed of one or more slide tapes plus a manual which contains pre/post tests, supplementary information and instructions for using the package to conduct a workshop in child abuse and neglect. The four packages are: "The Administrator's Role in Combating Child Abuse and Neglect," "The Teacher's Role in Combating Child Abuse and Neglect," "The Young Adult's Role in Preventing Child Abuse and Neglect," and "The Citizen's Role in Combating Child Abuse and Neglect."

(Each complete package runs between 20-25 minutes, slides and cassettes, color)

Les Scott
Manager of Instructional Materials Center
2902 North Shepherd
Houston, Texas, 77008
(713) 869-9105

Purchase:	Rental:
\$500.00 for complete set, each package may be purchased separately	\$75.00 for complete set, each package may be rented separately

Family Aids to Battering Parents: A New Weapon Against Child Abuse

The purpose of this program is to train volunteer homemakers to become an effective adjunct to professionally staffed child abuse service organizations. In successful operation since November, 1973, the program has demonstrated that such women already have the basic homemaking, mothering, and wifely skills necessary to help abusing mothers. The program trains them in the specifics of dealing with abuse and also permits them to evaluate their feelings about child abuse and assess their own goal structures. The program further validates the trainees' skills (developed through years of homemaking, marriage, and child rearing) as usable tools for dealing with abusive parents. The program consists of a training manual, fifteen 35 mm slides, and the 31 minute color film, "Women of Valor."

Trikin Products
P.O. Box 21
La Jolla, CA 92037

Purchase:	Rental:
\$285.00	Contact Company for details

*Films owned by the Region IX Child Abuse Project, Central California Section, School of Education, California State University, Fresno, CA 93740 may be used free of charge.